DMC-ODS Utilization Review and monitoring to the IA

CalQIC 2020
The waiver
Orange County Profile

2018 total population estimate
3,185,968

Medi-Cal beneficiaries estimate
680,831

Considered a large county
30 Providers

- 9 County-operated outpatient clinics

- 21 Contracted providers
  - 6 Residential (Res)
  - 2 Withdrawal Management (WM)
  - 4 Narcotic/Opioid Treatment Program (NTP)
  - 9 Outpatient programs (ODF/IOT)

- Total DMC beneficiaries served 7,528
Year before the waiver FY 2017/18

• 2 programs
  ○ 1 Residential perinatal
  ○ 1 Outpatient

• Total DMC beneficiaries served  113

Fun fact: Neither of these 2 providers were in the network when we went live with the waiver!
Where to Start?

- Existing MHP QA/QI structure
- Increased QI staff’s roles
- Added 1 SUD QI supervisor and 1 QI consultant (clinician)
  - Developed utilization review/documentation compliance monitoring/audit tool
- Partnered with program staff/contract monitoring to define monitoring roles
  - Collaborated in developing administrative/programmatic review tool
Programmatic/Administrative Reviews

- Monitor compliance with IA programmatic requirements
  - Policies and procedures
  - Staffing requirements
  - Administrative requirements
  - Beneficiary notices
  - Facilities
  - Required programming

- Occur quarterly with one comprehensive annual review for submission to DHCS

- Do not usually result in recoupments
### General File Review

**ORANGE COUNTY BEHAVIORAL HEALTH SERVICES**
**DMC/SAPT PARTICIPANT FILE REVIEW PROTOCOL**

**Program:**

**Reviewer:**

**Component:**

**DMC — SAPT — Other — Type?**

**OOF — OT — NTP — Residential — Perinatal — Adolescent**

**Participant Name:**

**ID #:**

**Date Admitted:**

**Date DC:**

#### General File Condition (Add Code Standards 12001, DMC-OS1.1)

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<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Comments</th>
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**Qualitative Comments for this Section:**

#### Intake & Admission (Add Code Standards 7205, 12001, DMC-OS1.1)

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**Qualitative Comments for this Section:**

### Audit Protocol - Administrative Documents

#### Fiscal Monitoring (By Contracts)

- 1. Expenditure & Revenue Reports done? List dates in comment section.

#### CLAS Standards Compliance

Describe how you demonstrate compliance with each of the CLAS Standards.

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<th>Compliant</th>
<th>Non-Compliant</th>
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- 1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.
- 2. Advise and sustain organizational governance and leadership that promotes CLAS and health equity through policies, practices and all organizational resources.
- 3. Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 4. Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
- 5. English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- 8. Provide or coordinate print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- 9. Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization’s planning and operations.
- 10. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into assessment instruments and continuous quality improvement activities.

**Comments:**

- Use this space to describe how each requirement is met. Do not leave blank.

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**Client File (CF) General**

**Perinatal — CF**

**NTP — CF**

**Administrative**

**Personnel**

**Facility Walk-through**
Utilization Review/Documentation Compliance

- Monitors compliance with IA documentation requirements
  - Medical necessity
  - ASAM based assessments
  - Treatment plans
  - Re-assessments
  - Continued Services Justification
  - Progress notes
  - Medical exam
  - Adequate authorizations

- Occur at least annually for submission to DHCS along with annual programmatic review

- Usually result in recoupments
## Documentation Review Tool

### Reviewer Information
- **Reviewer Name:**
- **Date:**

### Program Agency
- **LOC:**

### Service(s)

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### Admit Date
- **Admit Date:**
- **Discharge Date:**

### Treatment Plan
- **Treatment Plan Goal:**
- **Admit to Plan review:**

### Assessment
- **Assessment completed, signed, and on file:**
- **Case Formulation completed, signed:**
- **Diagnosis code descriptor match:**

### Physical Examination
- **Physical Examination completed, signed:**

### Treatment Plan
- **Problem Statement:**
- **Problem Description:**
- **Action:**
- **Target Dates:**
- **Primary Counselor:**
- **Diagnosis:**
- **Physiological:**
- **Medical Condition Goal:**
- **Counselor Signature within 30 days:**
- **Client Signature within 30 days (adult or counselor sign):**

### Progress Note
- **Progress Note Completed, Signed, and on file:**
- **Date:**
- **Time:**

### Discharge
- **Discharge date:**
- **Within 30 calendar days of the date of last FTF:**
- **Reconciliation Total:**

### Comments
- **Comment(s):**

### Correction(s) Needed
- **Correction(s) needed:**

### Add footer
Review Process

- Random selection of 60 services during a time period going back 3-5 months
- 1 week prior, notify provider of charts selected and advise not to make corrections
- Prepare audit tool
  - 1 tool/sheet per service reviewed
  - Verify completion of ASAM A and B by staff
- On-site review of selected and connected services
- Retain copies of any non-compliant items
- Re-review each service to confirm findings
- Consult with another reviewer when unclear to reach consensus
• Final findings are approved by supervisor
• Consultant/reviewer generates narrative reports of findings and spreadsheet itemizing each deficient item and the required action
• Results are sent to program QI staff and administrator and county contract monitoring staff
• Programs are required to complete corrections within 2 weeks
• County QI staff monitors completion of corrections
• Close out letters sent out upon confirmation of all corrections and repayments
• Each network provider was reviewed for compliance with documentation requirements to support claims submitted at least once during the year.

• The overall error rate for network providers during QI SUD Support team reviews was 29%.

• Because these errors impacted the compliance of subsequent attached services, the actual rate of recoupment was significantly higher.
Pain Points

• No ASAM A and/or B training
• Missing signatures
• Missing documentation timelines (7 days)
• Missing assessment timelines
• Missing treatment plan timelines
• Inadequate medical necessity determinations
• No or late LPHA consultation
Resources offered to providers FY 18/19

- Monthly Q/I coordinators meeting
- Required Annual Provider Training (APT)
- Documentation training with ASAM B
  - 21 2-day trainings
  - 7 1-day trainings
- ASAM A and B online
- Documentation Manual (currently on 6th edition)
- In person T/A following the annual review
- Monthly newsletter
WHAT'S NEW?

We have a new Diagnosis Stand-Alone Form, which is to be completed by the LPHA at any point of time during treatment that falls between reassessment periods. The justification for change/update to diagnosis field is required to be completed.

A corresponding progress note should be written by the LPHA to capture the need for a change to the diagnosis. This will be a Case Management note capturing the consultation between the LPHA and non-LPHA that resulted in a diagnosis change. Both parties can bill case management for the consultation. If the LPHA is the assigned counselor, there should be an individual counseling note that captures the information gathered that prompts the need for a diagnosis change.

If the change to diagnosis is a result of a consultation between the LPHA and the AOD counselor, the LPHA will write a separate individual counseling note to capture the service of completing the Diagnosis Form.

9 Reasons Not to Drink or Use during the Holiday Season

Need some extra reasons not to drink or use drugs this holiday season? We've got you covered with these 9 benefits of staying sober. Keep this list or just take a mental note to remind yourself not to give into the urge this season.

1. No Embarrassing Behaviors

Drinking and using too much can bring out our wild side. Skip the table dancing at the company party, the brawl at the bar, passing out at the parents' house or the number of other embarrassing things we do when intoxicated and celebrate the dignity of maintaining control this year. Your future self will thank you.

2. Build Your Confidence in Your Ability to Pass Up Drugs and Alcohol

Take on the challenge of saying no during this time of indulgence. This experience of not giving into urges will set you up with a framework for success the next time you are faced with a choice of giving in or staying sober. Use this time to flex your confidence and show yourself you can stay sober (because you definitely can!).

Upcoming Documentation Trainings

- January 22nd (1 day)*
- February 26th (1 day)*
- March 9th & 12th (2 day)
- March 25th (1 day)*

*Prerequisits: ASAM A and ASAM B

Addiction as Mismanaged Desire

Addiction develops when desire goes unchecked. Desire is a fundamental aspect of human life, and learning to manage desire is part of normal human development. Overcoming addiction is a special case of managing desire. Overcoming addiction is therefore managing desire.

In the Western tradition, life is about satisfying desire. Some desires have their own names: hunger, thirst, greed, lust. Otherwise, we speak of desiring (seeking, wanting, wishing) for various objects and situations in our lives. We feel these desires with varying degrees of intensity. We spend our time identifying, sorting and acting on our desires. We attempt to satisfy those reasonably within our reach. We feel lucky when we get something we were not sure we could obtain, and disappointed when we miss out on something we thought was within easy reach.

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Documentation FAQs

How should the process of completing the Diagnosis Form be documented by the LPHA?

The LPHA should document it as an individual counseling note:

- If the change to diagnosis is a result of a consultation between the LPHA and the AOD counselor, the LPHA will write a separate individual counseling note to capture the service of completing the Diagnosis Form.
- If the change to diagnosis is a result of a session the LPHA facilitates with the client and the Diagnosis Form is completed on the same day as the session, both services may be captured on one individual counseling note (face-to-face time for the session, non-face-to-face time for completing the form).
- If the change to diagnosis is a result of a session the LPHA facilitates with the client and the Diagnosis Form is completed on a different day from the session, there should be two separate individual counseling notes capturing each service.

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Next Steps

• Improvement was seen as the year progressed
• Ongoing technical assistance is still needed
• QI coordinators meetings will continue
• Clinical documentation reviews are expected to increase in frequency as more staff joins the team
• Focus on quality not just compliance
• Increase utilization review activities
  o Residential transitions into outpatient treatment
  o WM linkage to treatment
Lessons Learned

- Providers under estimated the requirements
- Costs were under estimated
- Communication did not always reach all impacted
- Messaging needed to be continuous
- Inconsistencies in EHR usage
- Staffing continues to be a challenge
  - Providers – LPHA
  - County – QI staff resources
Recommendations

• Staff appropriately
• Frequent reviews
• Get all your QI coordinators together regularly
• If a program is struggling, don’t wait too long
• Use resources strategically
• Reach out to your fellow County QI staff
• Join your regional QI coordinators group
  o SWAG
  o NorQIC
  o BayQIC
• Come to CalQIC!
“May you live long... and prosper.” Mr. Spock
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CalQIC 2020